

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>Some!</i>		<i>6</i>
<b>O.I.P.E. CLASSIFIER</b>			<i>OP-17-C</i>
<b>FORMALITY REVIEW</b>	<i>HT</i>	<i>913</i>	<i>3/1</i>
<b>RESPONSE FORMALITY REVIEW</b>			<i>06/05/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	<i>10/24/01</i>
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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10	✓	✓	
11	✓	✓	
12	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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